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COMBINED DECLARATION FOR APPLICATION WITH POWER	OR UTILITY OR DESIGN PATENT	ATTORNEY'S DOCKET PU4687USW
THE PROPERTY OF THE PROPERTY O	OFATIORNET	First Names Inventor: BROWN et al
() Declaration submitted with initial filing or		Complete if known: App No.:
( ) Declaration submitted after initial filing (surcharge	required 37CFR1.16(c))	Filing Date
		Group Art Unit:
As below named inventor. I he	reby declare that:	
My residence, post office address and cit	tizenship are as stated below next to my name.	
entitled:	inventor (if only one name is listed below) or an original, figure to the subject matter which is claimed and for which a patent is so DLOPYRIMIDINES AS KINASE INHIBITORS	irst and joint inventor ught on the invention
the specification of which (check only on	e item below):	
[ ]is attached hereto.  OR [11 [X] was filed on July 21, 2003 as United	ed States application Serial No or PCT Inte	rnational (if
	nderstand the contents of the above-identified specification, ly referred to above.	including the claims,
I acknowledge the duty to disclose inform	nation which is material to patentability as defined in 37 CF	R §1.56.
states of America, listed below and have also iden certificate or of any PCT international application	I.S.C. §119 (a)-(d) or §365(b) of any foreign applications(stional application which designated at least one country oth tified below, by checking the box, any foreign application that having a filing date before that of the application on which	er than the United
PRIOR FOREIGN AND ANY PRIORITY CLA		
Number (s)	Country Foreign Filing Date (MM/DD/YYYY))	PRIORITY CLAIMED
	(MANDO/1111))	CLAUVED
1. 2. 3. 4.		
3.		
5.		
I nereby claim the benefit under Title 35, United S	tates Code §119(e) of any United States provisional application	ation(s) listed below:
Application No. 1.60/397,988	Filing Date (MM/DD/YYYY)	
2.	07/23/2002	

## COMBINED DECLARATION FOR UTILITY or DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY Continued

Five Moore Drive, PO Box 13398

ATTORNEY BOCKET NUMBER
PU4687USW

I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to parentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

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PRIOR	U.S. PARENT A	PPLICATION or PCT	PARENT APPLICATIO	N		
					STATUS (Check	
U,\$. 1	Parent Application or I Number	PCT Parent	Parent Filing Date (MM/DD/YYYY)	PATENTED	PENDING	ABANDONED
POWER	OF ATTORNEY	: As a named inventor, I he	ereby appoint the practitioners	s associated with the	Customer Numbers	provided below to
Custome	e this application and Number 23347 and	ed to transact all business in id Customer Number 20462	the Patent and Trademark Of			
			Customer Number 2334	17)	Direct Telephone C	alls to:
- =-mc3;	•	·		ン	<b></b>	y H. Fix
	23	347				483-8911
		i			l	
			) 		<u> </u>	
I herehy	declare that all st	tatements made herein of	my own knowledge are tru	ue and that all state	ments made on in	formation and belie
are heli	eved to be true an	nd firsther that these states	ments were made with the	knowledge that Wil	imi igise statemer	urs and the time so
made a	re punishahla hu 6	ine or imprisonment or h	oth, under 18 U.S.C. 1001	, and that such will	ful false statemen	ts may jeopardize
the unli-	dity of the section	tion or any patent issuing	thereon.	-		-
710 ASII				11/P	T SECOND GIVEN NAM	PANITYAL.
	FULL NAME	PAMILY NAME	FIRST GIVEN N Matthew	AME	Lee_	- * · · · · · · · · · · · · · · · · · ·
2	OF INVENTOR	BROWN			Date: /	
b l	INVENTOR'S SIGNATURE	Signature Matte J.	Bu_		09/11/200	<u>3</u>
0	RESIDENCE &	CITY	STATE OR FOR	EIGN COUNTRY	COUNTRY OF CITIZE	nship
\	CITIZENSHIP	Indianapolis	IN I	<u>N</u>	US	
<b>!</b>	POST OFFICE	POST OFFICE ADDRESS	СПУ	•	STATE 4 ZIP CODE/C	COUNTRY
1	ADDRESS	634 East 10th Street, A	pt. 1 Indianapo		IN 46202 US	To analysis a V
	FULL NAME	PAMILY NAME	FIRST GIVEN N	TAME	SECOND GIVEN NAM	WINITAL
2	OF INVENTOR	CHEUNG	Mui		Dates	
1	INVENTOR'S	Signature				
	SIGNATURE	CITY	T GTATE AS MAD	REIGN COUNTRY	COUNTRY OF CITIZE	NSHIP
0	RESIDENCE &	Durham	NC US		CN	
	POST OFFICE	POST OFFICE ADDRESS	CITY		STATE & ZIP CODE	
2	ADDRESS	GlaxoSmithKline		Triangle Park	North Carolin	a 27709, US
		Five Moore Drive, PO				
	FULL NAME	PAMILY NAME	FIRST GIVEN N	YAME	SECOND CIVEN NAM	LEZINITIAL
2	OF INVENTOR	DICKERSON	Scott		Howard	<u> </u>
•	INVENTOR'S	Signature			Dage:	
1	SIGNATURE		<u> </u>		COUNTRY OF CITIZ	TYCHTO
0	RESIDENCE &	СПУ		REIGN COUNTRY	US	al state
1	CITIZENSHIP	Durham	NC US		STATE & ZIF CODE	COUNTRY
l	POST OFFICE	POST OFFICE ADDRESS	CITY	Triangle Deal.	North Carolin	
3	ADDRESS	GlaxoSmithKline	Kesearch	Triangle Park	1401 CH CALOUR	, , , , , , , , , , , , , , , , ,

	FULL NAME	FAMILY NAME	FIRST GIVEN NAME Dulce	SECOND GIVEN NAME/INITIAL  Maria
2	OFINVENTOR	GARRIDO	Duice	Date:
ŀ	INVENTOR'S	Signature		Jane 1
	SIGNATURE		STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
0	RESIDENCE &	CITY	NC US	US
	CITIZENSHIP	Durham FOST OFFICE ADDRESS	GITY	STATE & ZIP CODE/COUNTRY
	POST OFFICE		Research Triangle Park	North Carolina 27709, US
4	ADDRESS	GlaxoSmithKline	Research I Hangle Fair	North Caronna 27703, Co
		Five Moore Drive, PO Box 13398		
	FULL NAME	PAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	MILLS	Wendy	Yoon
	INVENTOR'S	Signature		Dase;
	SIGNATURE			COUNTRY OF CITIZENSHIP
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	US
	CITIZENSHIP	Durham	NC US	STATE & ZIP CODE/COUNTRY
Į.	POST OFFICE	POST OFFICE ADDRESS	CITY	North Carolina 27709, US
5	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Caronna 27/09, 05
		Five Moore Drive, PO Box 13398		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITEAL
2	OF INVENTOR	MIYAZAKI	<u>Xasushi</u>	
	INVENTOR'S	Signature		Date: 9/26/2003
רע	SIGNATURE			
$\rho_{o}$	RESIDENCE &	arr	STATE OR POREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Tsukuba-shi	Ibaraki JP JPX	JP
1	POST OFFICE	POST OFFICE ADDRESS	CULA	STATE & ZIF CODE/COUNTRY
6	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND CIVEN NAME/INITIAL
2	OF INVENTOR	PEAT	Andrew	James
	INVENTOR'S	Signature		Date:
1	SIGNATURE_			COUNTRY OF CITIZENSHIP
0	RESIDENCE &	СПҮ	STATE OR FOREIGN COUNTRY	<del></del>
ļ	CITIZENSHIP	Durham	NC US	US STATE & ZIP CODE/COUNTRY
1	POST OFFICE	POST OFFICE ADDRESS	CITY	
7	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
ł		Five Moore Drive, PO Box 13398		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	PECKHAM	Jennifer	P
ŀ	INVENTOR'S	Signature		Date:
l	SIGNATURE			
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC US	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	North Carolina 27709, US
8	ADDRESS	GlaxoSmithKline	Research Triangle Park	MORTH Carolina 27/03, US
		Five Moore Drive, PO Box 13398		
	FULL NAME	FAMILY NAME	First given name	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	SMALLEY	Terrence	L
1	INVENTOR'S	Signalture		Date
1	SIGNATURE	M. ST	<u> </u>	
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
i -	CITIZENSHIP	Durham	NC US	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
		I Olama Contab IZI in a	Research Triangle Park	North Carolina 27709, US
9	ADDRESS	GlaxoSmithKline	Trescuren Triameter Farm	710. 4. 54. 51.

				FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
ſ		FULL NAME	FAMILY NAME		Andrew
ŀ	2	OF INVENTOR	THOMSON	Stephen	Date:
j	_	INVENTOR'S	Signature		Diw.
i		SIGNATURE			COUNTRY OF CITIZENSHIP
	1	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	US
		CITIZENSHIP	Durham	NC US	STATE & ZIP CODE/COINTRY
		POST OFFICE	POST OFFICE ADDRESS	CITY Totale Boule	North Carolina 27709, US
	0	ADDRESS	GlaxoSmithKline	Research Triangle Park	Horti Caronna arros, 4-
			Five Moore Drive, PO Box 13398		
1	_	FULL NAME	FAMILY NAME	PIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	,	OF INVENTOR	VEAL	James	Marvin
8	<b>`</b>	INVENTOR'S	Signature	<u>_</u>	Date: 9-26-2003
11-04		SIGNATURE			COUNTRY OF CITIZENSHIP
	1	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	US
	•	CITIZENSHIP	Apex	NC US NC	STATE & ZIP CODE/COUNTRY
		POST OFFICE	POST OFFICE ADDRESS	СПУ	North Carolina 27502, US
	1	ADDRESS	8916 Weaver Crossing Road	Apex	North Carolina 27302, CS
	<del>`</del>	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	2	OF INVENTOR	WILSON	Jayme	Lyn, Roark
	<b>"</b>	INVENTOR'S	Signature		Date:
		SIGNATURE			COUNTRY OF CITIZENSHIP
	١,	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	• -
		CITIZENSHIP	Durham	NC US	STATE & ZIP CODE/COUNTRY
		POST OFFICE	POST OFFICE ADDRESS	CITY	North Carolina 27709, US
	2	ADDRESS	GlaxoSmithKline	Research Triangle Park	Marin Catolina 27705, 03
			Five Moore Drive, PO Box 13398		

COMBINED DECLARA	TOFC	OR UTILITY OF	R DESIGN PALENT	ATTORNEY'S DOCKET PU4687USw
APPLICATION WITH I	POWER (	OF ATTORNEY		First Names Inventor:
				BROWN et al  Complete if known:
		•		App No.:
() Declaration submitted with initial filing	ng or			
( ) Declaration submitted after initial fili	ng (surcharge re	equired 37CFR1.16(e))		Filing Date
				Group Art Unit:
As below named in	ventor. I herel	by declare that:		-
My residence, post office ad	dress and citiz	enship are as stated belo	w next to my name.	
			is listed below) or an original, fi imed and for which a patent is so	
	PYRAZOI	LOPYRIMIDINES AS	KINASE INHIBITORS	
the specification of which (c	heck only one	item below):		
[ ]is attached hereto. OR [ X ] was filed on July 21 2	003 as United	l States application Seria	l No or PCT Inte	rnational
Application Number PCT/Vapplicable)				(if
I hereby state that I have rev as amended by any amendm			he above-identified specification	, including the claims,
I acknowledge the duty to di	sclose informa	ation which is material to	patentability as defined in 37 CI	FR §1.56.
I hereby claim foreign priority benefi inventor's certificate or 365(a) of any States of America, listed below and h certificate or of any PCT internationa	PCT internation ave also idention had application had been seen as a possible of the properties of the	onal application which d fied below, by checking laving a filing date before	esignated at least one country of the box, any foreign application e that of the application on which	ner than the United for patent or inventor's
PRIOR FOREIGN AND ANY PRI Prior Foreign Application		Country	Foreign Filing Date	PRIORITY
Number (s)		Soundy	(MM/DD/YYYY))	CLAIMED
1.				
2.				
3. 4.				
5.				
I hereby claim the benefit under Title	35. United St	ates Code 8119(e) of any	United States provisional applic	ation(s) listed below:
Application No.	23, 2 miles 01		(MM/DD/YYYY)	
1.60/397,988			1/23/2002	

### Express Mail Label EV332065482US

1.60/397,988 2. 3.

### COMBINED DECLARATION FOR UTILITY or DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY Continued

ATTORNEY'S DOCKET NUMBER
PU4687USW

I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

PRIOR U.S. PARENT APPLICATION	OF DCT DADENT ADDITION	TON		<del></del>
TRIOR U.S. TARENT ATTECATION	OITCTTARENTALILICAT		STATUS (Check	one)
U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	PATENTED	PENDING	ABANDONED
POWER OF ATTORNEY: As a named inverges of the prosecute this application and to transact all be Customer Number 23347 and Customer 2334	usiness in the Patent and Trademark			provided below to
Address all correspondence and telephone	calls to Customer Number 233	347	Direct Telephone Ca	alls to:
23347				y H. Fix 483-8911
I hereby declare that all statements made l are believed to be true; and further that the				

are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	BROWN	Matthew	Lee
	INVENTOR'S	Signature		Date:
	SIGNATURE			
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
j	CITIZENSHIP	Indianapolis	IN	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
1	ADDRESS	634 East 10th Street, Apt. 1	Indianapolis	IN 46202 US
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	CHEUNG	<u>Mui</u>	
	INVENTOR'S	Signature C		Date: 9/4/03
(2)	SIGNATURE			114103
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	<u>Durham</u>	NC US NC	CN
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
2	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	DICKERSON	Scott	Howard
	INVENTOR'S	Signature		Date:
	SIGNATURE			
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC US	US
	POST OFFICE	POST OFFICE ADDRESS	СПТУ	STATE & ZIP CODE/COUNTRY
3	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
	_	Five Moore Drive, PO Box 13398	_	

	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	GARRIDO	Dulce	Maria_
	INVENTOR'S	Signature Dulu M. Bar	. ~ 0	Date: Sept 4, 2003
)	SIGNATURE			SOLDIED OF CHEMICAL CO.
0	RESIDENCE &	СІТУ	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	<u>Durham</u>	NC US NC	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
4	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	MILLS	Wendy	Yoon
	INVENTOR'S	Signature	<del></del>	Date:
	SIGNATURE			
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC US	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
5	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398	_	
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	MIYAZAKI	Yasushi	
-	INVENTOR'S	Signature		Date:
	SIGNATURE			
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
·	CITIZENSHIP	Tsukuba-shi	Ibaraki JP	JP
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
6	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		· ·
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	PEAT	Andrew	James
	INVENTOR'S	Signature		Date:
	SIGNATURE	7.00		
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC US	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
7	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	PECKHAM	Jennifer	P
	INVENTOR'S	Signature		Date:
	SIGNATURE			
0	RESIDENCE &	СІТУ	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC US	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
8	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	SMALLEY	Terrence	L
	INVENTOR'S	Signature		Date:
	SIGNATURE			
0	RESIDENCE &	СПУ	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC US	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
^	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
9				

	, 1	_ to the extension	<u> </u>	
	FULL NAME	-FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	THOMSON	Stephen	Andrew
	INVENTOR'S	Signature		Date:
	SIGNATURE			
1	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC US	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
0	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398	_	
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	VEAL	James	Marvin
	INVENTOR'S	Signature		Date:
	SIGNATURE			
1	RESIDENCE &	СІТУ	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Apex	NC US	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
1	ADDRESS	8916 Weaver Crossing Road	Apex	North Carolina 27502, US
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	WILSON	Jayme	Lyn, Roark
	INVENTOR'S	Signature		Date:
	SIGNATURE			
1	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC US	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
2	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		,

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COMBINED DECLAR APPLICATION WITH				PU468'	
ATTEICATION WITH		JI ATTOMET		First Name BROWN	es Inventor: et al
					e if known:
() Declaration submitted with initial	filing or				
( ) Declaration submitted after initial	filing (surcharge r	equired 37CFR1.16(e))		Filing D	ate
				Group A	rt Unit:
As below named	l inventor. I here	by declare that:		•	
My residence, post office	address and citiz	zenship are as stated belo	ow next to my name.		
			e is listed below) or an original, a imed and for which a patent is so		
	PYRAZO	LOPYRIMIDINES AS	KINASE INHIBITORS		
the specification of which	(check only one	item below):			
[ ]is attached hereto. OR					
[ X ] was filed on July 2]	1, 2003 as United	d States application Seria	al No or PCT Int	ernational	
Application Number PC applicable)	T/US03/22716 f	iled and was amended or	n (MM/DD/YYYY)		(if
I hereby state that I have as amended by any amended			the above-identified specification	n, including	the claims,
I acknowledge the duty to	disclose informa	ation which is material to	patentability as defined in 37 C	FR §1.56.	
I hereby claim foreign priority ben inventor's certificate or 365(a) of a States of America, listed below an certificate or of any PCT internation	ny PCT internati d have also ident	onal application which of ified below, by checking	lesignated at least one country of the box, any foreign application	ther than the for patent	e United or inventor's
PRIOR FOREIGN AND ANY P					
Prior Foreign Application	(	Country	Foreign Filing Date		PRIORITY
Number (s)		· · · · · · · · · · · · · · · · · · ·	(MM/DD/YYYY))		CLAIMED
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3.					
4.					
5.					
I hereby claim the benefit under Ti	itle 35, United St	ates Code §119(e) of an	y United States provisional appli	cation(s) li	sted below:
Application No.		Filing Date	(MM/DD/YYYY)		
1.60/397,988		0′	7/23/2002		

#### Express Mail Label EV332065482US

1.60/397,988 2. 3.

### COMBINED DECLARATION FOR UTILITY or DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY Continued

ATTORNEY'S DOCKET NUMBER
PU4687USW

I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

	PCT international fil	ing date of this application:				
PRIOR	U.S. PARENT A	APPLICATION or PCT PA	ARENT APPLICAT	ION		<del></del> .
					STATUS (Check	one)
U.S.	Parent Application or Number		arent Filing Date MM/DD/YYYY)	PATENTED	PENDING	ABANDONED
prosecut	e this application an	As a named inventor, I hereb d to transact all business in the d Customer Number 20462	y appoint the practitions Patent and Trademark (	ers associated with the office connected there	Customer Numbers with	provided below to
Address	s all corresponden	ce and telephone calls to Cu	stomer Number 233	47	Direct Telephone Ca	alls to:
•	233	ì				y H. Fix 483-8911
are beli	eved to be true; an re punishable by fi	atements made herein of my d further that these statemer ne or imprisonment, or both tion or any patent issuing the	nts were made with the , under 18 U.S.C. 100	knowledge that wil	llful false statemen	ts and the like so
2	FULL NAME OF INVENTOR	FAMILY NAME BROWN	FIRST GIVEN Matthew	NAME	SECOND GIVEN NAME Lee	ZINITIAL
	INVENTOR'S SIGNATURE	Signature			Date:	
0	RESIDENCE & CITIZENSHIP	CITY Indianapolis	STATE OR FO	REIGN COUNTRY	COUNTRY OF CITIZEN US	NSHIP
1	POST OFFICE ADDRESS	POST OFFICE ADDRESS 634 East 10 <sup>th</sup> Street, Apt.	CITY 1 Indianap	olis	STATE & ZIP CODE/CO IN 46202 US	DUNTRY
	71001000	EAMILY NAME	FIRST CIVEN		SECOND CIVEN NAME	CINTTIAL.

**FULL NAME CHEUNG** Mui OF INVENTOR 2 Date: Signature **INVENTOR'S SIGNATURE** COUNTRY OF CITIZENSHIP STATE OR FOREIGN COUNTRY CITY 0 **RESIDENCE &** CN NC US Durham CITIZENSHIP STATE & ZIP CODE/COUNTRY POST OFFICE ADDRESS POST OFFICE North Carolina 27709, US GlaxoSmithKline Research Triangle Park **ADDRESS** 2 Five Moore Drive, PO Box 13398 SECOND GIVEN NAME/INITIAL FAMILY NAME FIRST GIVEN NAME **FULL NAME** <u>Howard</u> DICKERSON Scott 2 OF INVENTOR Date: INVENTOR'S Signature 03 zkeno **SIGNATURE** STATE OR FOREIGN COUNTRY COUNTRY OF CITIZENSHIP CITY **RESIDENCE &** NC US NC Durham CITIZENSHIP STATE & ZIP CODE/COUNTRY POST OFFICE ADDRESS POST OFFICE GlaxoSmithKline Research Triangle Park North Carolina 27709, US 3 ADDRESS

Five Moore Drive, PO Box 13398

	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	GARRIDO	Dulce	Maria
	INVENTOR'S	Signature		Date:
	SIGNATURE			
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
ľ	CITIZENSHIP	Durham	NC US	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
		GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
4	ADDRESS		Research Thangle Lark	North Caronna 27709, 05
		Five Moore Drive, PO Box 13398		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	MILLS	Wendy	Yoon_
	INVENTOR'S	Signature		Date:
	SIGNATURE	Werdy 4- mill		9/12/03
dO₀		crry +	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
9°	RESIDENCE &			
	CITIZENSHIP	<u>Durham</u> ∨ ∪		US
	POST OFFICE	POST OFFICE ADDRESS	СІТУ	STATE & ZIP CODE/COUNTRY
5	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2		MIYAZAKI	Yasushi	T- DOLLAR GALLERY AND
4	OF INVENTOR	Signature	1 4343111	- Barrier - Barr
	INVENTOR'S	Signature		Date:
	SIGNATURE	ļ		
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Tsukuba-shi	Ibaraki JP	JP
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
6	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
1		Five Moore Drive, PO Box 13398	ŭ	ŕ
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
١,		PEAT	Andrew	James
2	OF INVENTOR		Allurew	
į	INVENTOR'S	Signature		Date:
1	SIGNATURE			
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC US	US
1		POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
	■ POST OFFICE	. OD. OTTICE ADDICAGO		SIAIE & ZII CODE COUNTRI
7	POST OFFICE ADDRESS		I Research Triangle Park	
7	POST OFFICE ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
7	ADDRESS	GlaxoSmithKline Five Moore Drive, PO Box 13398		North Carolina 27709, US
	ADDRESS FULL NAME	GlaxoSmithKline Five Moore Drive, PO Box 13398 FAMILY NAME	FIRST GIVEN NAME	North Carolina 27709, US  SECOND GIVEN NAME/INITIAL
2	ADDRESS  FULL NAME OF INVENTOR	GlaxoSmithKline Five Moore Drive, PO Box 13398 FAMILY NAME PECKHAM		North Carolina 27709, US  SECOND GIVEN NAME/INITIAL P
	ADDRESS FULL NAME	GlaxoSmithKline Five Moore Drive, PO Box 13398 FAMILY NAME	FIRST GIVEN NAME	North Carolina 27709, US  SECOND GIVEN NAME/INITIAL
	ADDRESS  FULL NAME OF INVENTOR	GlaxoSmithKline Five Moore Drive, PO Box 13398 FAMILY NAME PECKHAM	FIRST GIVEN NAME	North Carolina 27709, US  SECOND GIVEN NAME/INITIAL P
	FULL NAME OF INVENTOR INVENTOR'S	GlaxoSmithKline Five Moore Drive, PO Box 13398 FAMILY NAME PECKHAM	FIRST GIVEN NAME	North Carolina 27709, US  SECOND GIVEN NAME/INITIAL P
2	FULL NAME OF INVENTOR INVENTOR'S SIGNATURE RESIDENCE &	GlaxoSmithKline Five Moore Drive, PO Box 13398 FAMILY NAME PECKHAM Signature	FIRST GIVEN NAME Jennifer  STATE OR FOREIGN COUNTRY	North Carolina 27709, US  SECOND GIVEN NAME/INITIAL P  Date:  COUNTRY OF CITIZENSHIP
2	FULL NAME OF INVENTOR INVENTOR'S SIGNATURE RESIDENCE & CITIZENSHIP	GlaxoSmithKline Five Moore Drive, PO Box 13398  FAMILY NAME PECKHAM  Signature  CITY Durham	FIRST GIVEN NAME Jennifer  STATE OR FOREIGN COUNTRY NC US	North Carolina 27709, US  SECOND GIVEN NAME/INITIAL P  Date:  COUNTRY OF CITIZENSHIP US
2 0	FULL NAME OF INVENTOR INVENTOR'S SIGNATURE RESIDENCE & CITIZENSHIP POST OFFICE	GlaxoSmithKline Five Moore Drive, PO Box 13398 FAMILY NAME PECKHAM Signature  CITY Durham POST OFFICE ADDRESS	FIRST GIVEN NAME Jennifer  STATE OR FOREIGN COUNTRY NC US CITY	North Carolina 27709, US  SECOND GIVEN NAME/INITIAL P  Date:  COUNTRY OF CITIZENSHIP US  STATE & ZIP CODE/COUNTRY
2	FULL NAME OF INVENTOR INVENTOR'S SIGNATURE RESIDENCE & CITIZENSHIP	GlaxoSmithKline Five Moore Drive, PO Box 13398 FAMILY NAME PECKHAM Signature  CITY Durham POST OFFICE ADDRESS GlaxoSmithKline	FIRST GIVEN NAME Jennifer  STATE OR FOREIGN COUNTRY NC US	North Carolina 27709, US  SECOND GIVEN NAME/INITIAL P  Date:  COUNTRY OF CITIZENSHIP US
2 0	FULL NAME OF INVENTOR INVENTOR'S SIGNATURE RESIDENCE & CITIZENSHIP POST OFFICE ADDRESS	GlaxoSmithKline Five Moore Drive, PO Box 13398  FAMILY NAME PECKHAM  Signature  CITY Durham POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	FIRST GIVEN NAME Jennifer  STATE OR FOREIGN COUNTRY NC US CITY Research Triangle Park	North Carolina 27709, US  SECOND GIVEN NAME/INITIAL P  Date:  COUNTRY OF CITIZENSHIP US  STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2 0	FULL NAME OF INVENTOR INVENTOR'S SIGNATURE RESIDENCE & CITIZENSHIP POST OFFICE	GlaxoSmithKline Five Moore Drive, PO Box 13398  FAMILY NAME PECKHAM  Signature  CITY Durham POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398  FAMILY NAME	FIRST GIVEN NAME Jennifer  STATE OR FOREIGN COUNTRY NC US CITY Research Triangle Park  FIRST GIVEN NAME	North Carolina 27709, US  SECOND GIVEN NAME/INITIAL P  Date:  COUNTRY OF CITIZENSHIP US  STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2 0	FULL NAME OF INVENTOR INVENTOR'S SIGNATURE RESIDENCE & CITIZENSHIP POST OFFICE ADDRESS	GlaxoSmithKline Five Moore Drive, PO Box 13398  FAMILY NAME PECKHAM  Signature  CITY Durham POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	FIRST GIVEN NAME Jennifer  STATE OR FOREIGN COUNTRY NC US CITY Research Triangle Park	North Carolina 27709, US  SECOND GIVEN NAME/INITIAL P  Date:  COUNTRY OF CITIZENSHIP US  STATE & ZIP CODE/COUNTRY North Carolina 27709, US
0 8	FULL NAME OF INVENTOR INVENTOR'S SIGNATURE RESIDENCE & CITIZENSHIP POST OFFICE ADDRESS  FULL NAME OF INVENTOR	GlaxoSmithKline Five Moore Drive, PO Box 13398  FAMILY NAME PECKHAM  Signature  CITY Durham POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398  FAMILY NAME	FIRST GIVEN NAME Jennifer  STATE OR FOREIGN COUNTRY NC US CITY Research Triangle Park  FIRST GIVEN NAME	North Carolina 27709, US  SECOND GIVEN NAME/INITIAL P  Date:  COUNTRY OF CITIZENSHIP US  STATE & ZIP CODE/COUNTRY North Carolina 27709, US
0 8	FULL NAME OF INVENTOR'S INVENTOR'S SIGNATURE RESIDENCE & CITIZENSHIP POST OFFICE ADDRESS  FULL NAME OF INVENTOR INVENTOR'S	GlaxoSmithKline Five Moore Drive, PO Box 13398  FAMILY NAME PECKHAM  Signature  CITY Durham POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398  FAMILY NAME SMALLEY	FIRST GIVEN NAME Jennifer  STATE OR FOREIGN COUNTRY NC US CITY Research Triangle Park  FIRST GIVEN NAME	North Carolina 27709, US  SECOND GIVEN NAME/INITIAL P  Date:  COUNTRY OF CITIZENSHIP US  STATE & ZIP CODE/COUNTRY North Carolina 27709, US  SECOND GIVEN NAME/INITIAL L
2 0 8	FULL NAME OF INVENTOR'S SIGNATURE RESIDENCE & CITIZENSHIP POST OFFICE ADDRESS  FULL NAME OF INVENTOR INVENTOR'S SIGNATURE	GlaxoSmithKline Five Moore Drive, PO Box 13398  FAMILY NAME PECKHAM  Signature  CITY Durham POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398  FAMILY NAME SMALLEY  Signature	FIRST GIVEN NAME Jennifer  STATE OR FOREIGN COUNTRY NC US CITY Research Triangle Park  FIRST GIVEN NAME Terrence	North Carolina 27709, US  SECOND GIVEN NAME/INITIAL P  Date:  COUNTRY OF CITIZENSHIP US  STATE & ZIP CODE/COUNTRY North Carolina 27709, US  SECOND GIVEN NAME/INITIAL L  Date:
0 8	FULL NAME OF INVENTOR INVENTOR'S SIGNATURE RESIDENCE & CITIZENSHIP POST OFFICE ADDRESS  FULL NAME OF INVENTOR INVENTOR'S SIGNATURE RESIDENCE &	GlaxoSmithKline Five Moore Drive, PO Box 13398  FAMILY NAME PECKHAM  Signature  CITY Durham  POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398  FAMILY NAME SMALLEY  Signature	FIRST GIVEN NAME Jennifer  STATE OR FOREIGN COUNTRY NC US CITY Research Triangle Park  FIRST GIVEN NAME Terrence	North Carolina 27709, US  SECOND GIVEN NAMEZINITIAL P  Date:  COUNTRY OF CITIZENSHIP US  STATE & ZIP CODE/COUNTRY North Carolina 27709, US  SECOND GIVEN NAMEZINITIAL L  Date:  COUNTRY OF CITIZENSHIP
2 0 8	FULL NAME OF INVENTOR'S SIGNATURE RESIDENCE & CITIZENSHIP POST OFFICE ADDRESS  FULL NAME OF INVENTOR INVENTOR'S SIGNATURE RESIDENCE & CITIZENSHIP	GlaxoSmithKline Five Moore Drive, PO Box 13398  FAMILY NAME PECKHAM  Signature  CITY Durham  POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398  FAMILY NAME SMALLEY  Signature  CITY Durham	FIRST GIVEN NAME Jennifer  STATE OR FOREIGN COUNTRY NC US CITY Research Triangle Park  FIRST GIVEN NAME Terrence  STATE OR FOREIGN COUNTRY NC US	North Carolina 27709, US  SECOND GIVEN NAMEZINITIAL P  Date:  COUNTRY OF CITIZENSHIP US  STATE & ZIP CODE/COUNTRY North Carolina 27709, US  SECOND GIVEN NAMEZINITIAL L  Date:  COUNTRY OF CITIZENSHIP US
2 0 8	FULL NAME OF INVENTOR'S SIGNATURE RESIDENCE & CITIZENSHIP POST OFFICE ADDRESS  FULL NAME OF INVENTOR INVENTOR'S SIGNATURE RESIDENCE & CITIZENSHIP POST OFFICE	GlaxoSmithKline Five Moore Drive, PO Box 13398  FAMILY NAME PECKHAM  Signature  CITY Durham POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398  FAMILY NAME SMALLEY  Signature  CITY Durham POST OFFICE ADDRESS	FIRST GIVEN NAME Jennifer  STATE OR FOREIGN COUNTRY NC US CITY Research Triangle Park  FIRST GIVEN NAME Terrence  STATE OR FOREIGN COUNTRY NC US CITY	North Carolina 27709, US  SECOND GIVEN NAME/INITIAL P  Date:  COUNTRY OF CITIZENSHIP US  STATE & ZIP CODE/COUNTRY North Carolina 27709, US  SECOND GIVEN NAME/INITIAL L  Date:  COUNTRY OF CITIZENSHIP US  STATE & ZIP CODE/COUNTRY
2 0 8	FULL NAME OF INVENTOR'S SIGNATURE RESIDENCE & CITIZENSHIP POST OFFICE ADDRESS  FULL NAME OF INVENTOR INVENTOR'S SIGNATURE RESIDENCE & CITIZENSHIP	GlaxoSmithKline Five Moore Drive, PO Box 13398  FAMILY NAME PECKHAM  Signature  CITY Durham  POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398  FAMILY NAME SMALLEY  Signature  CITY Durham	FIRST GIVEN NAME Jennifer  STATE OR FOREIGN COUNTRY NC US CITY Research Triangle Park  FIRST GIVEN NAME Terrence  STATE OR FOREIGN COUNTRY NC US	North Carolina 27709, US  SECOND GIVEN NAMEZINITIAL P  Date:  COUNTRY OF CITIZENSHIP US  STATE & ZIP CODE/COUNTRY North Carolina 27709, US  SECOND GIVEN NAMEZINITIAL L  Date:  COUNTRY OF CITIZENSHIP US



	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	THOMSON	Stephen	Andrew
	INVENTOR'S	Signature		Date:
	SIGNATURE			
1	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC US	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
0	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	VEAL	James	Marvin
-	INVENTOR'S	Signature		Date:
	SIGNATURE			
1	RESIDENCE &	СГТҮ	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
· ·	CITIZENSHIP	Apex	NC US	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
1	ADDRESS	8916 Weaver Crossing Road	Apex	North Carolina 27502, US
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	WILSON	Jayme	Lyn, Roark
	INVENTOR'S	Signature		Date:
	SIGNATURE			
1	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC US	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
2	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		

6 1 3			( \( \)			
	FOR UTILITY OF ATTORNEY		ATTORNEY'S DOCKET PU4687USW First Names Inventor: BROWN et al			
	** « \$		Complete if known: App No.:			
() Declaration submitted with initial	filing or					
( ) Declaration submitted after initia	I filing (surcharge required 37CFR1.16(e))		Filing Date			
			Group Art Unit:			
As below name	d inventor. I hereby declare that:					
My residence, post office	e address and citizenship are as stated belo	w next to my name.				
	al, first and sole inventor (if only one named below) of the subject matter which is cla					
	PYRAZOLOPYRIMIDINES AS	KIŅASE INHIBITORS				
the specification of whic	h (check only one item below):					
[ ]is attached hereto. OR						
[ X ] was filed on <u>July 2</u>	1, 2003 as United States application Seria	al No or PCT Inte	rnational			
Application Number PC applicable)	CT/US03/22716 filed and was amended o	n (MM/DD/YYYY)	(if			
	I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.					
I acknowledge the duty t	I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR §1.56.					
inventor's certificate or 365(a) of States of America, listed below ar certificate or of any PCT internati	nefits under 35 U.S.C. §119 (a)-(d) or §36 any PCT international application which on the have also identified below, by checking onal application having a filing date before the property of the MCS INDER 25 Med.	lesignated at least one country oth the box, any foreign application to that of the application on which	her than the United for patent or inventor's			
Prior Foreign Application	PRIORITY CLAIMS UNDER 35 U.S.C Country	Foreign Filing Date	PRIORITY			
Number (s)		(MM/DD/YYYY))	CLAIMED			
1.						
2.						

# 1. 2. 3. 4. 5. I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below: Application No. Filing Date (MM/DD/YYYY) 1.60/397,988 07/23/2002

Application No. Filing Date (MM/DD/YYYY)

1.60/397,988 07/23/2002 .

2. 3.

### COMBINED DECLARATION FOR UTILITY or DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY Continued

ATTORNEY'S DOCKET NUMBER
PU4687USW

I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

PRIOR U.S. PARENT APPLICATION o	r PCT PARENT APPLICAT	ION	*	
		9	STATUS (Check	one)
U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	PATENTED	PENDING	ABANDONED
POWER OF ATTORNEY: As a named inven prosecute this application and to transact all busi Customer Number 23347 and Customer Number	ness in the Patent and Trademark			provided below to
Address all correspondence and telephone c	347		alls to: y H. Fix 483-8911	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	BROWN	Matthew	Lee
*	INVENTOR'S	Signature		Date:
	SIGNATURE	Signature		Date.
		OUT !	L CT LTT OR PORTION CONVERN	COUNTRY OF CHILDRANG UP
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Indianapolis	IN	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
1	ADDRESS	634 East 10th Street, Apt. 1	Indianapolis	IN 46202 US
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	CHEUNG	Mui	
	INVENTOR'S	Signature		Date:
	SIGNATURE			
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC US	CN
1	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
2	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
1		Five Moore Drive, PO Box 13398	_	
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	DICKERSON	Scott	Howard
	INVENTOR'S	Signature		Date:
	SIGNATURE			
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC US	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
3	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		

	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	GARRIDO	Dulce	Maria
	INVENTOR'S	Signature		Date:
	SIGNATURE			
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC US	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
4	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
1 '	ADDRESS		Research Triangle Lark	1101 th Carolina 27703, 03
<u> </u>		Five Moore Drive, PO Box 13398		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	MILLS	Wendy	Yoon
	INVENTOR'S	Signature		Date:
- :	SIGNATURE			
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC US	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
5	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
	1.55,655	Five Moore Drive, PO Box 13398		1.0.0.000000000000000000000000000000000
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	MIYAZAKI	Yasushi	
	INVENTOR'S	Signature		Date:
	SIGNATURE -			
0 *	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Tsukuba-shi	Ibaraki JP	JP
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
6	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398	8	,
-	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	PEAT	Andrew	James
	INVENTOR'S	Signature	Alluiew	Date:
	SIGNATURE	Signature		Date:
0		CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
1 "	RESIDENCE &	Durham	NC US	US
	CITIZENSHIP	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
	POST OFFICE	GlaxoSmithKline		
7	ADDRESS		Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	<u>PECKHAM</u>	<u>Jennifer</u>	1 Poole OPP 9/4/03
i	INVENTOR'S	8 0	1	Date:
<b></b> √√ \	SIGNATURE	Signapure Poole Peck	ham	04 September 2003
	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC US NC	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
8	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
°	VADAKESS		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1101 th Caronna 21707, US
		I Dive Manne Duise DA Des 12200		
		Five Moore Drive, PO Box 13398		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	FAMILY NAME SMALLEY	FIRST GIVEN NAME Terrence	SECOND GIVEN NAME/INITIAL L
2		FAMILY NAME		
2	OF INVENTOR	FAMILY NAME SMALLEY		L
2	OF INVENTOR INVENTOR'S SIGNATURE	FAMILY NAME SMALLEY		L
	OF INVENTOR'S SIGNATURE RESIDENCE &	FAMILY NAME SMALLEY Signature	Terrence STATE OR FOREIGN COUNTRY	L Date:
	OF INVENTOR INVENTOR'S SIGNATURE RESIDENCE & CITIZENSHIP	FAMILY NAME SMALLEY Signature CITY	Terrence	L Date: COUNTRY OF CITIZENSHIP
0	OF INVENTOR INVENTOR'S SIGNATURE RESIDENCE & CITIZENSHIP POST OFFICE	FAMILY NAME SMALLEY Signature  CITY Durham POST OFFICE ADDRESS	Terrence  STATE OR FOREIGN COUNTRY  NC US  CITY	L Date:  COUNTRY OF CITIZENSHIP US STATE & ZIP CODE/COUNTRY
	OF INVENTOR INVENTOR'S SIGNATURE RESIDENCE & CITIZENSHIP	FAMILY NAME SMALLEY Signature CITY Durham	Terrence  STATE OR FOREIGN COUNTRY  NC US	L Date:  COUNTRY OF CITIZENSHIP US

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		The second secon		
1	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	THOMSON	Stephen	Andrew
	INVENTOR'S	Signature	•	Date:
	SIGNATURE			
1	RESIDENCE &	CITY .	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC US	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
0	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398	l	1
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	VEAL	James	Marvin
	INVENTOR'S	Signature		Date:
	SIGNATURE			
ì	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Apex	NC US	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
_ 1	ADDRESS	8916 Weaver Crossing Road	Apex	North Carolina 27502, US
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	WILSON	Jayme	Lyn, Roark
1	INVENTOR'S	Signature		Date:
	SIGNATURE			
1	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC US	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
2	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
1		Five Moore Drive, PO Box 13398		·

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COMBINED DECLAI	RATA A FOR UTILITY OF	R DESIGN PAGENT	ATTORNEY'S DOCKET
	H POWER OF ATTORNEY		PU4687USw
ATTECATION WITH	ITOWER OF ATTORNET		First Names Inventor: BROWN et al
	•		Complete if known:
			App No.:
() Declaration submitted with initial	filing or		
( ) Dantanasian automistad aftan inisia	1.51in - (numbers - new ind 27.0FB   1.6(-))		Filing Date
( ) Declaration submitted after initia	1 filing (surcharge required 37CFR1.16(e))		Tilling Date
			Group Art Unit:
<del></del>		*	<u> </u>
As below name	d inventor. I hereby declare that:		
	•		
My residence, post office	e address and citizenship are as stated belo	ow next to my name.	
I believe I am the origina	al, first and sole inventor (if only one name	e is listed below) or an original, fi	rst and joint inventor
	d below) of the subject matter which is cla		
	PYRAZOLOPYRIMIDINES AS	KINASE INHIBITORS	
the specification of whic	h (check only one item below):		
[ ]is attached hereto.			
OR			
[ X ] was filed on July 2	1, 2003 as United States application Seria	al No or PCT Inte	rnational
4 11 11 37 1 36	DTM/I/000/00514 C Cl . 1 . 1	0.0.000.00000	(10
application Number PC	CT/US03/22716 filed and was amended or	n (MM/DD/YYYY)	(if
applicable)	•		
I hereby state that I have	reviewed and understand the contents of t	the above-identified specification	, including the claims,
	dment specifically referred to above.	•	
*			77 01 56
I acknowledge the duty t	o disclose information which is material to	patentability as defined in 37 Cl	<sup>4</sup> R §1.56.
I hereby claim foreign priority be	nefits under 35 U.S.C. §119 (a)-(d) or §36	5(h) of any foreign applications(s	s) for patent or
	any PCT international application which of		
	nd have also identified below, by checking		
	onal application having a filing date befor		priority is claimed:
	PRIORITY CLAIMS UNDER 35 U.S.C		
Prior Foreign Application	Country	Foreign Filing Date	PRIORITY
Number (s)		(MM/DD/YYYY))	CLAIMED
2.			
3.			
4.			

# 5. I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below: Application No. Filing Date (MM/DD/YYYY) 1.60/397,988 07/23/2002 2. 3.



### COMBINED DECLARATION FOR UTILITY or DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY Continued

ATTORNEY'S DOCKET NUMBER
PU4687USW

I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

PRIOR U.S. PARENT APPLICATION o	r PCT PARENT APPLICAT	ION		
		STATUS (Check one)		
U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	PATENTED	PENDING	ABANDONED
DOWED OF ATTODNEY.		in de la cidade o	S	
POWER OF ATTORNEY: As a named invent prosecute this application and to transact all busi Customer Number 23347 and Customer Number	iness in the Patent and Trademark			provided below to
Address all correspondence and telephone c	alls to Customer Number 23.	347	Direct Telephone Ca	alls to:
23347				y H. Fix 483-8911

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	BROWN	Matthew	Lee
	INVENTOR'S	Signature		Date:
	SIGNATURE			
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Indianapolis	IN	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
1	ADDRESS	634 East 10th Street, Apt. 1	Indianapolis	IN 46202 US
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	CHEUNG	Mui	
	INVENTOR'S	Signature		Date:
<u> </u>	SIGNATURE			
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC US	CN
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
2	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
	_	Five Moore Drive, PO Box 13398		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	DICKERSON	Scott	Howard
	INVENTOR'S	Signature		Date:
	SIGNATURE			
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC US	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
3	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		

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POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398  FULL NAME OF INVENTOR'S SIGNATURE  RESIDENCE & CITY POST OFFICE ADDRESS GlaxoSmithKline FIRST GIVEN NAME Jennifer  Date:  CITY OBJECT  OCUNTRY OF CITIZENSHIP POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398  FIRST GIVEN NAME Jennifer  Date:  CITY OBJECT  OCUNTRY OF CITIZENSHIP OUT CAROLINE  FIRST GIVEN NAME CITIZENSHIP OUT CAROLINE  FIRST GIVEN NAME FIRST GIVE	0				
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2 OF INVENTOR INVENTOR'S SIGNATURE  0 RESIDENCE & CITY Durham POST OFFICE ADDRESS  FULL NAME OF INVENTOR'S SIGNATURE  1 OF INVENTOR STATE OR FOREIGN COUNTRY NC US  STATE & ZIP CODE/COUNTRY North Carolina 27709, US  FIRST GIVEN NAME OF INVENTOR'S SIGNATURE  1 OF INVENTOR'S SIGNATURE  2 OF INVENTOR'S SIGNATURE  1 OF INVENTOR'S SIGNATURE  2 OF INVENTOR'S SIGNATURE  2 OF INVENTOR'S SIGNATURE  3 OF INVENTOR'S SIGNATURE  4 OF INVENTOR'S SIGNATURE  5 OF INVENTOR'S SIGNATURE  6 OF INVENTOR'S SIGNATURE  7 OF INVENTOR'S SIGNATURE  8 OF INVENTOR'S SIGNATURE CITY Durham NC US NC OUNTRY OF CITIZENSHIP US  8 OCUNTRY OF CITIZENSHIP US  8 OCUNTR			Five Moore Drive, PO Box 13398		
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INVENTOR'S SIGNATURE  ORESIDENCE & CITY Durham POST OFFICE ADDRESS  FIVE Moore Drive, PO Box 13398  FAMILY NAME OF INVENTOR'S SIGNATURE  ORESIDENCE & CITY ADDRESS  FAMILY NAME OF INVENTOR'S SIGNATURE  ORESIDENCE & CITY STATE OR FOREIGN COUNTRY NC US  FIRST GIVEN NAME Terrence  INVENTOR'S SIGNATURE  ORESIDENCE & CITY RESEARCH Triangle Park  FIRST GIVEN NAME Terrence  INVENTOR'S SIGNATURE  ORESIDENCE & CITY Durham POST OFFICE POST OFFICE ADDRESS GlaxoSmithKline  POST OFFICE ADDRESS GlaxoSmithKline  Research Triangle Park NC US  STATE OR FOREIGN COUNTRY OF CITIZENSHIP US  STATE & ZIP CODE/COUNTRY OF CITIZENSHIP US  STATE & ZIP CODE/COUNTRY NC US NC STATE & ZIP CODE/COUNTRY NC US NC STATE & ZIP CODE/COUNTRY NC US NC STATE & ZIP CODE/COUNTRY NO COUNTRY OF CITIZENSHIP US  STATE & ZIP CODE/COUNTRY NO COUNTRY OF CITIZENSHIP US  STATE & ZIP CODE/COUNTRY NO COUNTRY OF CITIZENSHIP US  STATE & ZIP CODE/COUNTRY NO CATOLING 27709, US	2	OF INVENTOR	PECKHAM	Jennifer	P
RESIDENCE & CITY Durham  POST OFFICE ADDRESS  B ADDRESS  FULL NAME OF INVENTOR'S SIGNATURE  RESIDENCE & CITY Durham  RESIDENCE & CITY Research Triangle Park  OF INVENTOR'S SIGNATURE  RESIDENCE & CITY Durham  RESIDENCE & CITY Research Triangle Park  OF INVENTOR'S SIGNATURE  RESIDENCE & CITY Durham  POST OFFICE ADDRESS  GlaxoSmithKline  RESIDENCE & CITY STATE OR FOREIGN COUNTRY NORTH Carolina 27709, US  FIRST GIVEN NAME SECOND GIVEN NAME/INITIAL  Terrence  Date: 9/4/2003  STATE OR FOREIGN COUNTRY COUNTRY OF CITIZENSHIP US  STATE OR FOREIGN COUNTRY OF CITIZENSHIP US  STATE & ZIP CODE/COUNTRY NORTH CAROLINA 27709, US			Signature		Date:
RESIDENCE & CITY Durham  POST OFFICE ADDRESS  B ADDRESS  FULL NAME OF INVENTOR'S SIGNATURE  RESIDENCE & CITY Durham  RESIDENCE & CITY Research Triangle Park  OF INVENTOR'S SIGNATURE  RESIDENCE & CITY Durham  RESIDENCE & CITY Research Triangle Park  OF INVENTOR'S SIGNATURE  RESIDENCE & CITY Durham  POST OFFICE ADDRESS  GlaxoSmithKline  RESIDENCE & CITY STATE OR FOREIGN COUNTRY NORTH Carolina 27709, US  FIRST GIVEN NAME SECOND GIVEN NAME/INITIAL  Terrence  Date: 9/4/2003  STATE OR FOREIGN COUNTRY COUNTRY OF CITIZENSHIP US  STATE OR FOREIGN COUNTRY OF CITIZENSHIP US  STATE & ZIP CODE/COUNTRY NORTH CAROLINA 27709, US	]	SIGNATURE			
POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398  FULL NAME OF INVENTOR  INVENTOR'S SIGNATURE  RESIDENCE & CITY Research Triangle Park  FIRST GIVEN NAME TETERINE  INVENTOR'S SIGNATURE  RESIDENCE & CITY POST OFFICE POST OFFICE ADDRESS GlaxoSmithKline  POST OFFICE  POST OFFICE STATE & ZIP CODE/COUNTRY North Carolina 27709, US  STATE & ZIP CODE/COUNTRY North Carolina 27709, US  STATE & ZIP CODE/COUNTRY NORTH CAROLINE NORTH CAROLINE NORTH CAROLINE STATE & ZIP CODE/COUNTRY NORTH CAROLINE NORTH CARO	0				COUNTRY OF CITIZENSHIP
ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398  FULL NAME OF INVENTOR SMALLEX  INVENTOR'S SIGNATURE  RESIDENCE & CITIZENSHIP POST OFFICE POST OFFICE ADDRESS GlaxoSmithKline  Research Triangle Park  Research Triangle Park  North Carolina 27709, US  FIRST GIVEN NAME Terrence  L Date: 9 4 2003  STATE OF FOREIGN COUNTRY NC US NC  CITY Research Triangle Park  North Carolina 27709, US  SECOND GIVEN NAME/INITIAL  L Date: 9 4 2003  STATE OF FOREIGN COUNTRY NC US NC  STATE & ZIP CODE/COUNTRY North Carolina 27709, US	1	CITIZENSHIP		NC US	US
Five Moore Drive, PO Box 13398  FULL NAME OF INVENTOR SMALLEX  INVENTOR'S SIGNATURE  RESIDENCE & CITIZENSHIP POST OFFICE POST OFFICE ADDRESS  FIRST GIVEN NAME FIRST GIVEN NAME FIRST GIVEN NAME Terrence  FIRST GIVEN NAME FIRST GIVEN NAME TERRECE  L  Date: 9 4 2003  STATE OF FOREIGN COUNTRY NC US NC US STATE & ZIP CODE/COUNTRY North Carolina 27709, US					
Five Moore Drive, PO Box 13398  FULL NAME OF INVENTOR SMALLEX  INVENTOR'S SIGNATURE  RESIDENCE & CITIZENSHIP POST OFFICE ADDRESS  GlaxoSmithKline  FIRST GIVEN NAME SECOND GIVEN NAME/INITIAL L  Date: 9 4 2003  STATE OF FOREIGN COUNTRY NC US NC US STATE & ZIP CODE/COUNTRY North Carolina 27709, US	8	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
FULL NAME OF INVENTOR SMALLEX  INVENTOR'S SIGNATURE  RESIDENCE & CITY Durham  POST OFFICE ADDRESS  ADDRESS  FIRST GIVEN NAME  SECOND GIVEN NAME/INITIAL  L  Date:  9 4 2003  STATE OR FOREIGN COUNTRY  NC US NC  CITY STATE ADDRESS  GlaxoSmithKline  FIRST GIVEN NAME  SECOND GIVEN NAME/INITIAL  L  COUNTRY OF CITIZENSHIP  US  STATE & ZIP CODE/COUNTRY  North Carolina 27709, US	ŀ		Five Moore Drive, PO Box 13398		,
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9 ADDRESS GlaxoSmithKline Research Triangle Park North Carolina 27709, US					
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**FULL NAME** FAMILY NAME FIRST GIVEN NAME SECOND GIVEN NAME/INITIAL **THOMSON** Stephen 2 OF INVENTOR Andrew Signature INVENTOR'S Date: **SIGNATURE** CITY STATE OR FOREIGN COUNTRY COUNTRY OF CITIZENSHIP RESIDENCE & l Durham NC US US CITIZENSHIP POST OFFICE ADDRESS POST OFFICE CITY STATE & ZIP CODE/COUNTRY GlaxoSmithKline Research Triangle Park North Carolina 27709, US 0 **ADDRESS** Five Moore Drive, PO Box 13398 FAMILY NAME FIRST GIVEN NAME SECOND GIVEN NAME/INITIAL **FULL NAME** 2 OF INVENTOR **VEAL James** Marvin **INVENTOR'S** Signature Date: **SIGNATURE** COUNTRY OF CITIZENSHIP STATE OR FOREIGN COUNTRY RESIDENCE & CITY NC US US CITIZENSHIP Apex POST OFFICE ADDRESS STATE & ZIP CODE/COUNTRY POST OFFICE CITY 8916 Weaver Crossing Road Apex North Carolina 27502, US **ADDRESS** 

FAMILY NAME FIRST GIVEN NAME SECOND GIVEN NAME/INITIAL **FULL NAME** WILSON OF INVENTOR Jayme\_ Lyn, Roark Pate;
9)4/03
COUNTRY OF CITIZENSHIP **INVENTOR'S** Signature SIGNATURE burn In Took W. STATE OR FOREIGN COUNTRY NC US RESIDENCE & US <u>Durham</u> CITIZENSHIP POST OFFICE ADDRESS POST OFFICE CITY STATE & ZIP CODE/COUNTRY GlaxoSmithKline Research Triangle Park North Carolina 27709, US **ADDRESS** 

Five Moore Drive, PO Box 13398

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	Landard Control		7,		
COMBINED DECLAR	RATION FOR UTILITY OF	R DESIGN PALENT	ATTORNEY'S DOCKET PU4687USw		
APPLICATION WITH	H POWER OF ATTORNEY	7	First Names Inventor: BROWN et al		
			Complete if known:		
() Declaration submitted with initial	filing or	·	App No.:		
	_	<u> </u>			
( ) Declaration submitted after initial	I filing (surcharge required 37CFR1.16(e))		Filing Date		
			Group Art Unit:		
As below named inventor. I hereby declare that:					
My residence, post office	e address and citizenship are as stated belo	ow next to my name.			
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:					
	PYRAZOLOPYRIMIDINES AS	KINASE INHIBITORS			
the specification of which	h (check only one item below):				
[ ]is attached hereto. OR		•			
	1, 2003 as United States application Seri	al No or PCT Intern	national		
Application Number <u>PC</u> applicable)	T/US03/22716 filed and was amended o	n (MM/DD/YYYY)	(if		
	I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.				
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR §1.56.					
inventor's certificate or 365(a) of a States of America, listed below an certificate or of any PCT internation	nefits under 35 U.S.C. §119 (a)-(d) or §36 any PCT international application which of the days are also identified below, by checking onal application having a filing date before PRIORITY CLAIMS UNDER 35 U.S.C.	designated at least one country others, the box, any foreign application for that of the application on which	or than the United or patent or inventor's		
Prior Foreign Application	Country	Foreign Filing Date	PRIORITY		
Number (s)	Country	(MM/DD/YYYY))	CLAIMED		

# Prior Foreign Application Number (s) 1. 2. 3. 4. 5. I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below:

Application No. Filing Date (MM/DD/YYYY)

1.60/397,988 07/23/2002

2. 3.



PRIOR U.S. PARENT APPLICATION or PCT PARENT APPLICATION

### COMBINED DECLARATION FOR UTILITY or DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY Continued

ATTORNEY'S DOCKET NUMBER
PU4687USW

I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

			STATUS (Check one)	
U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	PATENTED	PENDING	ABANDONED
POWER OF ATTORNEY: As a named invertible prosecute this application and to transact all bust Customer Number 23347 and Customer Number 23347.	iness in the Patent and Trademark			provided below to
Addrer dense and telephone	calls to Customer Number 23:	347	Direct Telephone Calls to:	
23347				y H. Fix 483-8911

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

		FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
_	FULL NAME			
2	OF INVENTOR	BROWN	Matthew	Lee
1	INVENTOR'S	Signature		Date:
	SIGNATURE			
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Indianapolis	IN	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
1	ADDRESS	634 East 10 <sup>th</sup> Street, Apt. 1	Indianapolis	IN 46202 US
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	CHEUNG	Mui	
	INVENTOR'S	Signature .		Date:
	SIGNATURE			
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC US	CN
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
2	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	DICKERSON	Scott	Howard
	INVENTOR'S	Signature		Date:
	SIGNATURE			
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC US	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
3	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		



	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	GARRIDO	Dulce	Maria
	INVENTOR'S	VENTOR'S Signature		Date:
1	SIGNATURE			
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC US	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
4	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
	ļ	Five Moore Drive, PO Box 13398		
	FULL NAME	FAMILY NAME MILLS	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	Signature	Wendy	Yoon Date:
j.	INVENTOR'S SIGNATURE	Signature		Date.
0	RESIDENCE &	СІТУ	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
ľ	CITIZENSHIP	Durham	NC US	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
5	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	MIYAZAKI	Yasushi	
	INVENTOR'S	Signature		Date:
1	SIGNATURE			
0	RESIDENCE &	СПУ	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Tsukuba-shi POST OFFICE ADDRESS	Ibaraki JP	JP STATE & ZIP CODE/COUNTRY
	POST OFFICE ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
6	ADDRESS		Research Triangle Lark	North Carolina 27709, US
	FULL MANG	Five Moore Drive, PO Box 13398 FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	FULL NAME OF INVENTOR	PEAT	Andrew	James .
1,5	INVENTOR'S	Cionatura	3	D
$\varphi$	SIGNATURE	Chiles J/	bat	Date: 9/29/03
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	<u>Durham</u>	NC US NC	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
7	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
	ļ	Five Moore Drive, PO Box 13398		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	PECKHAM	Jennifer	P
1	INVENTOR'S	Signature		Date:
0	SIGNATURE RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
1	CITIZENSHIP	Durham	NC US	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
8	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398	1	
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	SMALLEY	Terrence	L
	INVENTOR'S	Signature		Date:
	SIGNATURE			
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC US	US
	POST OFFICE	POST OFFICE ADDRESS GlaxoSmithKline	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
9	ADDRESS		Acsearch Friangle Fark	1101 th Calonna 27705, US
	<u> </u>	Five Moore Drive, PO Box 13398	<u> </u>	<u> </u>

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		FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	2	OF INVENTOR	THOMSON	Stephen	Andrew.
		INVENTOR'S	Signature OD A		Date: 6/2/05
12-1	Y)   SIGNATUR		Sugar By		9/3/03
U V	1	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
		CITIZENSHIP	<u>Durham</u>	NC US NC	US
		POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
	0	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
			Five Moore Drive, PO Box 13398		
		FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	2	OF INVENTOR	VEAL	James	Marvin
		INVENTOR'S	Signature		Date:
		SIGNATURE			
	1	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
		CITIZENSHIP	Apex	NC US	US
		POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
	1	ADDRESS	8916 Weaver Crossing Road	Apex	North Carolina 27502, US
		FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	2	OF INVENTOR	WILSON	Jayme	Lyn, Roark
		INVENTOR'S	Signature		Date:
		SIGNATURE			
	1	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
		CITIZENSHIP	Durham	NC US	US
		POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
	2	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
			Five Moore Drive, PO Box 13398		
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